

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

|              |             |
|--------------|-------------|
| SERIAL NO.   | FILING DATE |
| APPLICANT(S) | 09/857865   |

CLAIMS

| AS FILED  | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------|------------------------|------|------------------------|------|
|           | IND.                   | DEP. | IND.                   | DEP. |
| 1         |                        |      |                        |      |
| 2         |                        |      |                        |      |
| 3         |                        |      |                        |      |
| 4         |                        |      |                        |      |
| 5         |                        |      |                        |      |
| 6         |                        |      |                        |      |
| 7         |                        |      |                        |      |
| 8         |                        |      |                        |      |
| 9         |                        |      |                        |      |
| 10        |                        |      |                        |      |
| 11        |                        |      |                        |      |
| 12        |                        |      |                        |      |
| 13        |                        |      |                        |      |
| 14        |                        |      |                        |      |
| 15        |                        |      |                        |      |
| 16        |                        |      |                        |      |
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| 30        |                        |      |                        |      |
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| 32        |                        |      |                        |      |
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| 36        |                        |      |                        |      |
| 37        |                        |      |                        |      |
| 38        |                        |      |                        |      |
| 39        |                        |      |                        |      |
| 40        |                        |      |                        |      |
| 41        |                        |      |                        |      |
| 42        |                        |      |                        |      |
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| 44        |                        |      |                        |      |
| 45        |                        |      |                        |      |
| 46        |                        |      |                        |      |
| 47        |                        |      |                        |      |
| 48        |                        |      |                        |      |
| 49        |                        |      |                        |      |
| 50        |                        |      |                        |      |
| TOTAL     |                        |      |                        |      |
| TOTAL LMS |                        |      |                        |      |
| TOTAL LMS |                        |      |                        |      |

|              |      |      |      |      |
|--------------|------|------|------|------|
| *            |      | *    |      | *    |
| IND.         | DEP. | IND. | DEP. | IND. |
| 51           |      |      |      |      |
| 52           |      |      |      |      |
| 53           |      |      |      |      |
| 54           |      |      |      |      |
| 55           |      |      |      |      |
| 56           |      |      |      |      |
| 57           |      |      |      |      |
| 58           |      |      |      |      |
| 59           |      |      |      |      |
| 60           |      |      |      |      |
| 61           |      |      |      |      |
| 62           |      |      |      |      |
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| 77           |      |      |      |      |
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| 80           |      |      |      |      |
| 81           |      |      |      |      |
| 82           |      |      |      |      |
| 83           |      |      |      |      |
| 84           |      |      |      |      |
| 85           |      |      |      |      |
| 86           |      |      |      |      |
| 87           |      |      |      |      |
| 88           |      |      |      |      |
| 89           |      |      |      |      |
| 90           |      |      |      |      |
| 91           |      |      |      |      |
| 92           |      |      |      |      |
| 93           |      |      |      |      |
| 94           |      |      |      |      |
| 95           |      |      |      |      |
| 96           |      |      |      |      |
| 97           |      |      |      |      |
| 98           |      |      |      |      |
| 99           |      |      |      |      |
| 100          |      |      |      |      |
| TOTAL IND.   |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |